



STATE  
MEDICAL  
EXAMINER

COUNTY OF \_\_\_\_\_

### PERMIT BY MEDICAL EXAMINER FOR AUTOPSY

Pursuant to M. C. A. § 41-61-65, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Age) (Race) (Sex)

who died on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(Date) (Time) (Address/Location)

\_\_\_\_\_, \_\_\_\_\_, under the following circumstances:  
(Municipality) (County)

#### TYPE OF DEATH

- ☐ Violent
- ☐ Sudden, Unexpected
- ☐ Unattended by Physician
- ☐ In custody of Law Enforcement
- ☐ Suspicious, Unusual, or Unnatural
- ☐ Potential Public Health Concern
- ☐ Possible Drug Related
- ☐ Other \_\_\_\_\_

#### MANNER

Natural  
Accidental  
Homicide  
Suicide  
Undetermined  
Pending

Investigating law enforcement agency (if applicable): \_\_\_\_\_

#### NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authority is hereby given to \_\_\_\_\_ to perform such autopsy upon the decedent  
(PATHOLOGIST)  
named herein.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CMEI/DMEI)